

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN TION FOR PERMIT

Date Stamp (Received)

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122013

Permit #: Refund: Date: Amount Paid: で (で (で) 35.00 11-12-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT W			Rec'd for Issuance		Iviumcipal Ose				☐ Commercial Use				Residential Use	•		Proposed Use	Coposition Constitution	Existing Structure: (if pe	Star Low - W	Color of the second		7	\$ 1200		material	Value at Time of Completion * include donated time &	XNon-Shoreland		☐ Shoreland — ■		Section 2	1/4,		PROJECT LOCATION	Authorized Agent: (Pe	Contractor:	\$7130 S	
	3		Ш			Á			Jse				Se			Ι,		(if permit being		Property	🗆 Run a Business on	Relocate (existing bldg)	☐ Conversion	Addition/Alteration	O Now Capte	Project (What are you applying for)		☐ Is Property/	Creek or Land	☐ Is Property/	, Township	1/4		Legal Description:	(Person Signing Application on	`	Ky Vieu	JIM S
FAILURE TO	Other: (explain)	Special Use: (explain)	•	Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous						Residence	Principal S			g applied for			ess on	isting bldg)		teration	3	t plying for)		Land within	ward side of	Land within	.SO N	,	Gov't Lot		ation on behalf		<u>a</u>	TIIS SON
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	Other: (explain)	e: (explain)		Accessory Building Addition/Alteration (specify)	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	-:-				Structure: (If permit being applied for is relevant to it)	A 810057	☐ Foundation	☐ No Basement	Basement	2-Story	1-Story + Loft	Ø 1 chan	# of Stories and/or basement	:	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Creek or Landward side of Floodplain?	300 feet of River,	N, Range 4 W	<u> </u>	Lat Lot(s)	(Use Tax Statement) P	behalf of Owner(s)) A	0		
STARTING CON				m/Alteratio	ify)	lı .		<u>or</u> □ sleepin	Garage	^		5		ing shack, etc.	ructure on p	Propose		Length:			7	[+	-	Con			Pond or Flowage If yes continue	If yescontinue	- 1			CSM V	<u>PIN:</u> (23 digits) 04-30%〜2〜50〜04〜02〜	Agent Phone:	Contractor Phone	by/2	77150
STRUCTION V				n (specify)		encloses.		g quarters, i						c.)	property)	Proposed Structure		• •		***************************************				Year Round	200	Use		rage inue —₩	inue —	(incl. Intermittent)	boxie	of:	Vol & Page	5-54-07			ec.	1
WITHOUT A PERMIT WILL						porch .		or □ cooking								O					None N	- 1		1	_ _	# of bedrooms		Distance Structure		Distance Structure	Z,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Lot(s) N		gent Mailing A	Plumber:	EH	y Viewod
WIT WILL RESULT IN P		- Avenua da de la calenda de l	A MANAGAMAN AND THE STATE OF TH		Q.C	1 .CI JUG 1704 3		☐ sleeping quarters, or ☐ cooking & food prep facilities					hd/mmanheamhdhliae heddeamarahanna e a a an				H & & C & C & C & C & C & C & C & C & C	Width:	□ None		1 1		,1	(New) Sanitary	Municipal	Ser		ucture is from Shoreline :fee		ucture is from Shoreline:		11685 854 350	lo. Block(s) No.	1-00-125-13200	Agent Mailing Address (include City/State/Zip):		54814	Dayllad,
ENALTIES			+		_ 	ν. Ζ	40 /2	les)	_		 		1-						oilet	w/service co	or Vaul	xists) Spe			What Type of wer/Sanitary Syste Is on the property?		oreline : feet	feet	oreline :		£ 5	Subdivisio	Recorde	/State/Zip):			W 54
d complete. I t	× >	×	٠,	×	×	(O × ✓	1		X	×	×	×	×	< ×	×	Dimensions		He He			ontract)	ulted (min	cify Type:	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		<u>``</u>	Floodpla	ls Prop		Celd pr	亨	200" Pocument				18/4
TIES Treat and complete. I (we) arknowledge that I (we)	_ -		-	-	-		2	(32))_	-	<u> </u>		_ -	-	-	18	61.6	Height:				ted (min 200 gallon)	Moon			п		No g	Floodplain Zone?	Province in	2 See	ากระได (t: (i.e. Property	Written Au Attached □ Yes □	Plumber Phone:		115-77.
						6	•									Square Footage							 - 	_ K Well] }	Water		X No	Present?	Are Wetlands		peninsula Fruitbud		Recorded Document: (i.e. Property Ownership) Volume 1.002 Page(s) 907	Written Authorization Attached □ Yes □ No	hone:		715-779-5533

Attach
Copy of Tax Statement
Fyou recently purchased the property send your Recorded Deed

Date

Date

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Owner(s): ________(If there are Multiple

mers listed on the Deed A

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

All Owner must sign or letter(s) of authorization must accompany this application)

Address to send permit

Signature of inspector:	September of the second
with.	
tee or Board Conditions Attached? TYES NO-JIF NO they need to be attached.) is only to enclose existing 15x15 permitted	Conditio
oby: Unit but to go ahad Lakes Classification Date of Re-Inspective	Date of
Was Proposed Building Site Delineated Xtes ONO Was Property Surveyed O'Yes XNO NO Specific No Chart MAN ALLE A Drumbled S X 15 July Zoning District ()	Was Pi
Previously Granted by Variance (B.O.A.) Yes No Case #:	Granted Yes
d Lot □ Yes (Deed of Record) XJNo rship □ Yes (Fused/Contiguous Lot(s)) Tring □ Yes XJO	Is Pa Is Parcel Is Str
13.0403	Permit #:
Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:	Issuanc
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	
15 5	one previous marked by a
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from	Prior to the pather previous
Feet Supplement Services Control of the Services Contr	Setback t
Feet Cethody to Well (1)	Setback f
11839	Setback f
426 Feet Setback from the Bank or Bluff	Setback f
Setback from the Centerline of Platted Road (18) Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Feet Setback from the River, Stream, Creek Feet	Setback f
Description Measurement Description Measurement	
Please complete (1) (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)	Please
Drug	
C SE	·
t coddition?	/ Mio
mobile home	und
(Keldy Stanks)	H
	\
(2) Show Indicate: (*) Driveway and (*) Fontage Road (Name Frontage Road) (4) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%	
Chor / backato.	